# DRAFT NATIONAL MENSTRUAL HYGIENE POLICY, 2023

| TABLE OF CONTENTS  | 1  |
|--|----|
| ABBREVIATIONS  | 3  |
| 1. INTRODUCTION  | 5  |
| 2. VISION, GOALS, OBJECTIVES AND TARGET  | 6  |
| 2.1 Vision   | 6  |
| 2.2 Goal   | 6  |
| 2.3 Objectives   | 6  |
| 2.4 Target   | 6  |
| 4. POLICY STRATEGY   | 7  |
| 4.1 Ensure access to affordable and safe menstrual hygiene products                                  | 7  |
| 4.2 Promote Quality Standards and Regulatory Framework   | 8  |
| 4.3 Availability of Clean and Dignified Menstrual Hygiene Facilities                                 | 8  |
| 4.4 Promotion of education and awareness on menstrual hygiene  | 8  |
| 4.5 Collaboration with Non-Government Sector/Engagement with private sector                          | 9  |
| 4. 6 Foster research and innovation in menstrual hygiene management                                  | 9  |
| 4.7 Policy Integration   | 9  |
| 5. CURRENT PROGRAMMES  | 10 |
| 6. ROLES & RESPONSIBILITIES OF STAKEHOLDERS  | 10 |
| 6.1 Ministry of Health and Family Welfare(MoHFW)   | 11 |
| 6.2 Department of Health -State/UT   | 11 |
| 6.3 Ministry of Education  | 12 |
| 6.4 Ministry of Women and Child Development  | 12 |
| 6.5 Ministry of Jal Shakti (Department of Drinking Water and Sanitation)                             | 12 |
| 6.6 Ministry of Environment, Forest and Climate Change   | 13 |
| 6.7 Ministry of Chemical & Fertilizers (Deptt of Pharmaceuticals)                                    | 13 |
| 6.8 Ministry of Rural Development/Urban Development  | 13 |
| 6.9 Pollution Control Board/Bodies   | 14 |
| 6.10 NGOs, CBOs, and FBOs:   | 14 |
| 6.11 Development Partners  | 14 |
| 6.12 Private companies/Private practitioners/ Professional bodies/Social Entrepreneurs               | 15 |
| 6.13 Research Institutes and Academic Institutions   | 15 |
| 7. INSTITUTIONAL MECHANISM FRAMEWORK   | 16 |
| 7.1 Formation of the National Menstrual Hygiene Committee at the National, State and District Level. | 16 |
| 7.2 Manufacturing and Supply Chain   | 16 |
| 7.3 Disposal Mechanism   | 18 |
| 8. STRATEGY FOR VULNERABLE GROUPS AND HUMANITARIAN CRISIS  | 18 |
| 9. MONITORING FRAMEWORK  | 19 |

| 9.1 Monitoring indicators                                     | 19 |
|---|----|
| 9.2 Policy review   | 20 |
| 10. COMMUNICATION FRAMEWORK                                   | 20 |
| 10.1 Key target groups  | 20 |
| 10.2 Key Action   | 21 |
| References  | 22 |
| List of Contributors  | 23 |
| Annexures   | 23 |
| Annexure 1- Menstrual Hygiene Programme by various Ministries | 23 |

### **ABBREVIATIONS**

PMBI- Pharmaceuticals & Medical Devices Bureau of India

MoE- Ministry of Education

MoHFW- Ministry of Health and Family Welfare

RKSK- Rashtriya Kishor Swasthya Karyakram

IEC- Information, Education & Communication

AFHC- Adolescent Friendly Health Clinic

MHM- Menstrual Hygiene Management

WASH- Water, Sanitation and Hygiene

NHM-National Health Mission

HWC-Health and Wellness Center

AWC- Anganwadi Center

AWW-Aganwadi Worker

NGO- Non profit Organization

**CBO-** Community based Organizations

FBO-Faith based Organisations

FoGSI- Federation of Obstetric and Gynaecological Societies of India

IAP- Indian Academy of Pediatrics

**IMA- Indian Medical Association** 

NFHS- National Family Health Survey

SDG- Sustainable Development Goals

SHG- Self Help Groups

CSR- Corporate Social Responsibilities

NRLM-National Rural Livelihood Mission

# 1. INTRODUCTION

1.1 The Menstrual Hygiene Policy recognizes menstruation as a natural bodily process for all who menstruate including girls and women of reproductive age and addresses the long-standing challenges associated with menstruation in our country. Historically, this biological phenomenon has been overlooked, resulting in negative impact on girls, women, families and the environment. With time awareness has increased, but we need more investment to comprehensively address the diverse requirements of all individuals who menstruate. India, with its vast and diverse population, acknowledges the critical importance of this issue and places great emphasis on framing a comprehensive menstrual hygiene policy. This policy is essential for effectively addressing the needs of all who menstruate and promote a positive transformation within our society.

The Menstrual Hygiene Policy aligns with India's commitment to achieving the Sustainable Development Goals (SDGs), particularly in relation to Goal 3 on good health and well-being, Goal 4 on quality education, Goal 5 on gender equality, and Goal 6 on clean water and sanitation. By adopting a life cycle approach, the policy ensures comprehensive support through the entire menstrual journey, recognizing the unique needs of individuals from menarche to menopause. It places a specific focus on prioritizing underserved and vulnerable populations, ensuring equitable access to menstrual hygiene resources and addressing their specific needs. Additionally, the policy will serve as a catalyst to raise awareness, challenge societal norms and foster a society that embraces menstrual hygiene as a natural and normal part of life.

- 1.2 As per NFHS 5, there has been a significant improvement in the percentage of women aged 15-24 years who use a hygienic method of protection during their menstrual cycle, rising from 58% in NFHS-4 to 78%. Among these women, 64% use sanitary napkins, 50% use cloth, and 15% use locally prepared napkins. The survey also revealed that women who have received 12 or more years of schooling are more than twice as likely to use a hygienic method compared to those with no schooling, stressing on the importance of education for girls. In terms of location, 73% of rural women while 90% of urban women use a hygienic method of menstrual protection respectively. However, a few States continue to have lower than average access to use of a hygienic method of menstrual protection by women and girls. These findings highlight the need for targeted efforts and initiatives to improve menstrual hygiene practices in these regions.
- 1.3 Menstrual health is an integral part of the health and wellbeing of a person and is a determinant of the quality of life which includes things like mobility, work participation, access to education, dignity and freedom. The rationale behind the menstrual hygiene policy lies in its aim to promote the health, well-being, and empowerment of individuals who menstruate. It seeks to ensure access to safe and hygienic menstrual products, improve sanitation facilities, provide comprehensive menstrual health education, address social taboos and foster an inclusive and supportive environment. Through these measures, the policy strives to break barriers, eliminate stigma, and create a society where menstrual hygiene is prioritized, celebrated, and leads to gender equality, education and overall development.

# 2. VISION, GOALS, OBJECTIVES AND TARGET

### 2.1 Vision

All women, girls and persons who menstruate are able to experience menstruation in a manner that is safe, healthy and free from stigma.

### 2.2 Goal

Each girl, woman and person who menstruates across India can access safe and dignified menstrual hygiene resources in order to improve their quality of life and thereby realize their full potential in health and wellbeing, education, economic and other aspects of life.

### 2.3 Objectives

- 1. To ensure that women, girls and persons who menstruate have access to safe, hygienic and quality menstrual products and sanitation facilities.
- 2. To create an enabling environment for people including women, girls, men and boys so that they have access to correct information on menstruation, and to address myths, stigma and gender issues around menstruation.
- 3. To provide a coordination mechanism among different Central Government Ministries, States/ UTs and relevant stakeholders and sectors.
- 4. To create a 'menstrual friendly environment' in all settings including homes, schools/ educational institutions, workplaces and public spaces
- 5. To foster innovative practices with social entrepreneurs and the private sector
- 6. To strengthen environmentally sustainable menstrual waste disposal

### 2.4 Target

The policy caters to the needs of and covers all who menstruate in rural, urban and tribal areas, as well as in educational institutions, workplaces, healthcare settings and other public places. This includes adolescent girls, women in the reproductive age group, people with special needs or hard to reach populations including disabled folks, trans populations, orphans, destitute populations, tribal populations, prisoners, all other marginalized communities, and those with differential needs during emergency situations.

#### 3. KEY POLICY PRINCIPLES

- 3.1 Access and Affordability: Improving access to safe menstrual hygiene products and to reduce the financial burden of menstruation on individuals and families, particularly for those in low-income communities and marginalized groups.
- 3.2 <u>Equity:</u> Prioritize equity to enable all menstruating individuals, regardless of their socioeconomic status and geographical location, to have equal opportunities to access and manage their menstruation in a safe and hygienic way. Address disparities and barriers that prevent certain groups from accessing required menstrual hygiene products, resources and information.
- 3.3 <u>Inclusivity</u>: All women and adolescent girls, persons with disabilities, ethnic groups, minorities, trans and non-binary population, vulnerable populations and specially identified groups will be specifically focused on. The policy also targets men and boys at the family and community level through a range of awareness programs to strengthen men's roles and build a conducive environment.

- 3.4 <u>Education and Awareness</u>: Focus on comprehensive menstrual hygiene education, aiming to raise awareness about menstruation, its biological processes, and the importance of menstrual hygiene management. This includes promoting accurate information, debunking myths, misconceptions and stigma associated with menstruation.
- 3.5 <u>Safe and Hygienic Facilities:</u> Provision of clean, private and well-maintained toilets, washing facilities and disposal systems in schools, workplaces, public spaces and communities to enable individuals to manage their menstrual hygiene safely, hygienically and with dignity.
- 3.6 <u>Waste Management and Environmental Sustainability:</u> Environmentally friendly menstrual hygiene products and proper disposal practices to minimize environmental pollution. This includes the development of user-friendly biodegradable or reusable menstrual products and the implementation of specific systems that can manage menstrual waste in an eco-friendly manner.
- 3.7 <u>Collaboration and Partnerships:</u> Collaboration between National and State Governments, Development Partners, Non-Governmental Organizations, Civil Society, Academia, and the Private sector to leverage resources, expertise and innovative solutions in order to address menstrual hygiene challenges effectively.

### 4. POLICY STRATEGY

#### 4.1 Ensure access to affordable and safe menstrual hygiene products

- 4.1.1 Develop mechanisms to ensure affordable and accessible menstrual products such as disposable or reusable sanitary pads, menstrual cups, tampons or reusable cloth pads, etc are available to all who menstruate, especially those in low-income communities and marginalized groups.
- 4.1.2 Initiatives like Menstrual Hygiene Scheme to provide free or subsidized menstrual hygiene products in schools and educational institutions. This ensures that people have access to necessary products while attending classes, reducing absenteeism and promoting continued education.
- 4.1.3 Targeted outreach programs to reach girls, women and people who menstruate in rural, hilly and remote areas who face additional challenges in accessing menstrual hygiene products to ensure equitable access regardless of geographical location.
- 4.1.4 Develop supply chains and distribution networks to ensure consistent availability of menstrual hygiene products across various regions. This involves establishing partnerships with local retailers, pharmacies and online platforms to facilitate easy access to these products.
- 4.1.5 The public procurement and logistics system to ensure uninterrupted access to menstrual hygiene products through public facilities.
- 4.1.6 Innovative techniques that improve access and affordability to menstrual hygiene products to be promoted (e.g.Suvidha Sarathi Scheme by Pharmaceuticals & Medical Devices Bureau of India (PMBI), which aims to facilitate donors in making contributions for the free distribution of sanitary napkins amongst school girl students from classes 8th-12th)

### 4.2 Promote Quality Standards and Regulatory Framework

4.2.1 Develop and implement comprehensive quality standards for different types of menstrual hygiene products available in the market to ensure their safety, efficacy and reliability. Quality standards should include key aspects such

as product composition, absorbency, manufacturing processes, and labeling requirements to ensure consumer safety and product effectiveness.

- 4.2.2 The standards for the development and manufacturing of biodegradable menstrual products should ensure that they are environmentally friendly and sustainable.
- 4.2.3 Clear and accurate product labeling should provide essential information such as ingredients, usage instructions, use-by date, disposal guidelines and potential risks or side effects. This enables consumers to make informed choices and ensures transparency in the market.
- 4.2.4 Strong regulatory framework to monitor compliance with quality standards. This includes establishing regulatory bodies at various levels to conduct regular inspections, testing and post-market surveillance to monitor product safety and address any potential issues or recalls.
- 4.2.5 Regular assessments should be conducted to identify gaps, address emerging issues, and update standards as needed to keep pace with evolving scientific knowledge and technological advancement.

### 4.3 Availability of Clean and Dignified Menstrual Hygiene Facilities

- 4.3.1 Promote the development and improvement of menstrual-friendly infrastructure in homes, educational institutions, workplaces and public spaces to include safe, clean and private toilets, proper waste disposal systems and handwashing facilities with soap and clean water. Outside of homes, these facilities should be easily accessible and safe.
- 4.3.2 Develop and implement systems to ensure that menstrual waste is managed in an environmentally friendly manner, minimizing any potential health and environmental hazards.
- 4.3.3 The local waste management authorities to implement proper collection, transportation and treatment of menstrual waste under the Bio Medical Waste Management Rules 2016 of the Ministry of Environment, Forest and Climate Change.
- 4.3.4 Adequate availability of easily accessible and maintained infrastructure and facilities for the disposal of menstrual waste. This may involve installing separate closed bins in public spaces, schools, workplaces and other relevant locations
- 4.3.5 Regular inspections, audits and data collection to track the effectiveness of the waste disposal mechanism and identify areas for improvement.

#### 4.4 Promotion of education and awareness on menstrual hygiene

- 4.4.1 Awareness campaigns targeting menstruators to provide accurate information including options of products available, debunk myths and misconceptions and address social and gender-related challenges associated with menstruation.
- 4.4.2 Conduct awareness campaigns to sensitize communities, parents, teachers and other stakeholders about menstrual hygiene, encouraging open dialogue and fostering a supportive environment that eliminates stigma and discrimination.
- 4.4.3 Integrate material on menstrual hygiene into the school education curricula. The existing School Health and Wellness Programme is an excellent platform for the same.
- 4.4.4 Studies on effective strategies and approaches to menstrual hygiene education/awareness in educational institutions and communities, including curriculum development and pedagogical methods.

# 4.5 Collaboration with Non-Government Sector/Engagement with private sector

- 4.5.1 Support research and development initiatives that explore new technologies, materials and product designs which improve menstrual hygiene management, while considering accessibility, ease of use, affordability and environmental sustainability.
- 4.5.2 Encourage partnerships between social entrepreneurs, self-help groups, non-profit organizations and private enterprises to promote the production of innovative, sustainable, easy to use and affordable menstrual hygiene products with convenient distribution channels.
- 4.5.3 In line with National Health Policy, 2017 for furthering Make in India and to promote StartUp India, the private domestic manufacturing firms/ industry/ Self Help Groups/Start-Ups may be engaged to provide customized indigenous menstrual hygiene products and to be involved in the creation of forward and backward linkages for production.
- 4.5.4 Corporate Social Responsibility should be leveraged for filling access and affordability gaps for menstrual hygiene products and it should also play an active role in awareness generation through campaigns
- 4.5.5 Partnerships can involve innovative solutions such as voucher programs, social marketing campaigns or product donations to reach marginalized and vulnerable populations so as to ensure equitable access to menstrual hygiene products.
- 4.5.6 Engagement of the private sector through adoption of neighborhood schools/ colonies/ slums /tribal areas/backward areas for awareness generation, ensuring access to menstrual hygiene products and infrastructure needs like functional toilets.

### 4. 6 Foster research and innovation in menstrual hygiene management

- 4.6.1 The scope of health, demographic and epidemiological surveys may extend beyond the common aspects of availability, affordability and accessibility of menstrual hygiene products, to include areas of knowledge, attitudes and practices related to menstruation, prevalence of myths, misconceptions and stigma associated with menstruation.
- 4.6.2 Encourage research institutes and academia to contribute to evidence-based policymaking, promote innovation and improve the overall understanding and implementation of menstrual hygiene practices.
- 4.6.3 Development of innovative and sustainable menstrual hygiene products, such as biodegradable materials, reusable options, or low-cost alternatives that cater to diverse needs and preferences.
- 4.6.4 Research focussed on exploring newer menstrual hygiene products to assess their acceptability, scalability, safety and affordability among the target population, considering various socio-economic and demographic factors.

### 4.7 Policy Integration

- 4.7.1 Integrate principles of menstrual hygiene into existing health, education, sanitation, gender and environment programmes, ensuring cross-sectoral collaboration to address the multifaceted aspects of menstrual hygiene management.
- 4.7.2 Inclusion of safe facilities at workplaces and educational institutions, encompassing dedicated spaces that provide necessary amenities such as rest areas, access to medications and other essentials to support people's physical and emotional well-being.
- 4.7.3 Educational Institutions and workplaces to promote inclusivity, recognize the diverse needs of the workforce and foster an environment that supports the well-being and productivity of all individuals. Provisions like flexible working arrangements, such as work from home or support leave, to accommodate the specific needs of individuals during

menstruation. It is important to emphasize that such arrangements should be available to all, to prevent perpetuating stigmas or assumptions about productivity based on menstrual cycles.

4.7.4 Ensuring Menstrual Health and Wellbeing of all people who menstruate via integration with the objectives of National Health Policy, 2017 that ensures the availability of free, comprehensive primary health care services and improved access and affordability of quality care services through a combination of public hospitals and well-measured strategic purchasing of services in health care deficit areas.

#### 5. CURRENT PROGRAMMES

The Ministry of Health and Family Welfare initiated the Menstrual Hygiene Scheme in 2011, which focussed on the distribution of low cost sanitary napkins in communities through ASHAs. The Ministry of Jal Shakti (erstwhile Ministry of Drinking Water and Sanitation -MDWS), included menstrual hygiene management in the Swachh Bharat Mission -Gramin initiatives in 2014 and along with the Ministry of Education (MoE) launched the National Guidelines for Menstrual Hygiene Management (MHM) in 2015 with action plans. These National guidelines provided a valuable blueprint for all the States to intensify work on the issue of menstrual hygiene management. Under SBM-Grameen phase 1, budgetary allocations were provided for awareness generation on MHM, gender-responsive WASH facilities in schools, and safe disposal solutions in schools and rural communities.

Within the ambit of the Ministry of Health, the Rashtriya Kishor Swasthya Karyakram (RKSK) focussed on improving access to services, commodities and support for the adolescent population. Sexual Reproductive Health being one of the six thematic areas of RKSK, support was provided for the procurement and distribution of sanitary napkins across States and UTs based on proposals received from the States/UTs in their annual programme implementation plans.

The School Health and Wellness Programme launched jointly by the MoHFW and MoE includes a component on awareness generation on MHM through weekly interactive classroom sessions taken up by trained teachers (Health & Wellness Ambassadors) in schools

The introduction of subsidized oxo-biodegradable pads under Jan Aushadi Suvidha Kendras has also been a major milestone for MHM. In the recent past (2021 -2022) under the Swachh Survekshan Grameen, MHM indicators were included in menstrual hygiene management awareness and menstrual waste management policy. Sanitary napkin vending machines and incinerators have also been promoted under Samagra Shiksha Abhiyan thereby gaining importance in schools.

A table with a brief glimpse of key schemes of different ministries on MHM placed in the Annexures

#### 6. ROLES & RESPONSIBILITIES OF STAKEHOLDERS

The success of any policy depends upon the stakeholders involved; which in this case, includes different ministries in the government, institutions and non-government as well as private sectors taking on different roles and responsibilities. No one can work in silos. Rather all stakeholders work together under the guidance of the Ministry of Health and Family Welfare to fulfill their roles and responsibilities. It is important to remember that the roles and responsibilities can overlap, but all stakeholders must decide to work in collaboration in order to ensure a holistic and comprehensive approach to menstrual hygiene management.

# 6.1 Ministry of Health and Family Welfare(MoHFW)

In its role as the Nodal Ministry for the Menstrual hygiene policy, the MoHFW will coordinate, supervise, and support the implementation process. The Ministry shall:

- 1) Draft and develop the menstrual hygiene policy, ensuring the importance of menstrual hygiene is highlighted at different levels of government and across relevant ministries.
- 2) Develop an acceptable, comprehensive plan of action for the implementation of this Policy ensuring all stakeholders and relevant government ministries concur to the plan of action.
- 3) Set standards, guidelines, regulatory and monitoring mechanisms to ensure achievement of the objectives set in this policy.
- 4) Disseminate the policy at all levels of implementation.
- 5) Ensure there is adequate infrastructural support and all proper mechanisms are in place to implement the policy recommendations.
- 6) Allocate sufficient resources for menstrual hygiene programmes.
- 7) Coordinate and oversee collaboration among the Departments within and outside the Ministry.
- 8) Prepare and share SOPs for all relevant ministries and stakeholders, facilitate the making of training material, and coordinate training, information sharing and service delivery on Menstrual Hygiene Management.
- 9) Ensure representation of relevant stakeholders in the Joint Coordination Committees at State, District and various other levels defined under the policy.
- 10) Develop ,design and share SOPs for coordination committees at all levels.

### 6.2 Departments of Health -State/UT

Many of the States have their menstrual hygiene initiatives anchored in the State NHM under the RKSK or as independent State intervention. The State/UT health department will have the following responsibilities:

- 1) Notify and convene a Joint Coordination Committee meeting of all other departments involved in the implementation of the MHM programme
- 2) Develop or use National training material and provide training to the officials and functionaries of partner departments as per requirement.
- 3) Provide technical guidance on MHM guidelines and advocate for a dedicated budget for MHM in the State budget.
- 4) Provide affordable and accessible menstrual hygiene care including distribution of hygiene products to the last mile.
- 5) Ensure the provision of WASH/MHM facilities, services and products in educational institutions, workplace, health care facilities, other public spaces such as public toilets, transportation hubs, recreational areas, community centers, market areas etc

## 6.3 Ministry of Education

The Ministry of Education, an important stakeholder in implementing the Menstrual hygiene policy, is aware that evidence shows that a large number of girls are hindered from going to school due to menstruation and that lack of education on the topic perpetuates myths and taboos. The Ministry of Education shall have the following responsibilities:

- 1) Incorporate menstrual health and hygiene education into the regular school education curriculum in an age appropriate manner.
- 2) Ensure access to menstrual hygiene facilities in schools/colleges, such as separate toilets, soap and clean water, and menstrual waste disposal management.
- 3) Training teachers and staff on menstrual health education and support. This may be incorporated as a part of induction training of all teachers irrespective of their age, gender and teaching subject
- 4) Reducing stigma surrounding menstruation and promoting awareness among students, teachers, principals, school staff and parents
- 5) Providing menstrual hygiene products in schools, colleges, ITIs, hostels and establishing mechanisms to facilitate their availability.
- 6) Strengthen the school and college health system for referrals of menstruation related issues by students linking them with AFHC counselors/ HWC
- 7) Support implementation of WASH-related policies and guidelines.
- 8) Coordinate with the Ministry of Health for further support and guidance

### 6.4 Ministry of Women and Child Development

- 1) Work in coordination with the Ministry of Health to implement policies and programmes on menstrual hygiene for women and girls in the community.
- 2) Ensure gender equality and empowerment by involving men as stakeholders in addressing the challenges and barriers women and girls face during menstruation.
- 3) Train the field level functionaries on the use and disposal of menstrual hygiene products and advocate for good menstrual hygiene among the women and girls in the community.
- 4) Ensure that menstrual hygiene products are available at the level of AWC by AWW who closely work with the ANMs and ASHAs. The products must be provided for the use by AWW herself before she shares with beneficiaries in her area
- 5) Participate in the joint review committee meetings organized by the health ministry from time to time.

### 6.5 Ministry of Jal Shakti (Department of Drinking Water and Sanitation)

The Ministry is an important stakeholder as access to water and proper disposal mechanisms are an integral part of managing menstruation in a safe and hygienic manner. The responsibilities for this Ministry/Deptt will be as follows:

- 1) Ensuring access to clean and safe water for menstrual hygiene management.
- 2) Improving sanitation infrastructure, including the availability of private and separate toilet facilities that cater to menstrual hygiene needs of women and girls in schools, communities and at public places.
- 3) Ensuring that proper waste management systems are in place that include disposal of used menstrual products.
- 4) Coordinate with other relevant ministries to ensure adequate supply of water for women and girls to manage menstruation safely and hygienically in educational institutions, work places, household level and public spaces.
- 5) Developing guidelines on WASH to ensure safe MHM

# 6.6 Ministry of Environment, Forest and Climate Change

- 1) Promoting the use of eco-friendly and biodegradable menstrual products on their platforms to reduce environmental pollution.
- 2) Encouraging research and development of sustainable menstrual hygiene management solutions.
- 3) Creating awareness about the environmental impact of conventional menstrual products.
- 4) Supporting initiatives that promote waste management and recycling related to menstrual products.

### 6.7 Ministry of Chemical & Fertilizers (Deptt of Pharmaceuticals)

- 1) Ensure the availability and affordability of menstrual health products, including sanitary pads of varying specifications etc
- 2) Ensure quality and safety of menstrual hygiene products in the market by following stringent testing methods for quality.
- 3) Supporting research and development for innovative and sustainable menstrual products.
- 4) Collaborating with other ministries to raise awareness about the importance of using safe and hygienic menstrual products.

#### 6.8 Ministry of Rural Development/Urban Development

- 1) Promoting the construction and maintenance of community-based and private toilets and sanitation facilities that consider menstrual hygiene needs.
- 2) Directing local body committee leaders and representatives to support and monitor provision of MHM information and services
- 3) Support MHM by facilitating access to affordable and eco-friendly menstrual absorbents through Self Help Groups under the National Rural Livelihoods Mission(NRLM).
- 4) Spreading awareness about Menstrual Hygiene Management among women and mothers in rural communities by integrating Water, Sanitation, and Hygiene (WASH) practices into the agenda of Self-Help Groups under the NRLM.
- 5) Promoting Behavior change programmes to challenge societal taboos and stigmas surrounding menstruation, promoting open discussions, reducing menstrual myths, and fostering a positive and supportive environment for menstruating people

### 6.9 Pollution Control Board/Bodies

- 1) Developing comprehensive guidelines with respect to the specifications of menstrual hygiene products, types of menstrual waste ,their best disposable methods.
- 2) Providing guidance to the States for procurement of varieties of suitable sanitary napkins and other sanitary products.

- 3) Creating guidelines on non-biodegradable sanitary products ,and ensuring that manufacturers and brand owners provide financial assistance/ support to panchayats and municipal authorities for establishing and running waste management systems.
- 4) Developing and issuing guidelines for Panchayats/local rural bodies/ Educational institutions/community spaces on adopting and practicing appropriate disposal methods for different menstrual products
- 5) Regulating permits and clearances for incinerators installation and design mechanisms for disposing residual ash produced from incinerators.
- 6) Liaising with health institutions and vendors working on biomedical waste management.
- 7) Partnering with NGOs, SHGs, start-ups and research organizations with expertise on the subject for innovation in menstrual waste management.

#### 6.10 NGOs, CBOs, and FBOs:

The Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), Faith based organizations (FBOs) and the private sector have been key stakeholders in MHM interventions across the country for decades. Their responsibilities often revolve around raising awareness, advocating for policy change, and implementing programmes to address menstrual hygiene needs. Here are some common roles and responsibilities of these organizations that they will take upon in the MH policy implementation:

- 1) Support in creating awareness among communities and schools on MHM and debunking myths and taboos and promoting positive attitudes towards menstruation.
- 2) Advocate for the inclusion of menstrual hygiene in national and local policies
- 3) Mobilize resources for Menstrual Hygiene policy implementation
- 4) Support research and policy formulation and dissemination. Help in assessing the existing challenges, gaps and needs related to menstrual hygiene and provide recommendations for policy improvements.
- 5) Organize and provide training and capacity-building to various stakeholders, including community members, teachers, health workers and government officials to enhance knowledge and skills related to menstrual hygiene management.
- 6) Work in collaboration with other partners and government for impactful implementation of MHM policies and programmes.
- 7) Bring in feedback and elevate voices of the youth and other marginalized menstruators on menstrual hygiene and related issues to inform policies.

#### 6.11 Development Partners

- 1) Development Partners support the MoHFW in the formulation of policy.
- 2) Provide technical support to prepare proposed SOPs/ relevant guidelines for execution of the strategies mentioned in the policy.
- 3) Support research on MHM and assess the existing challenges, gaps, and needs related to menstrual hygiene and provide recommendations for policy improvements.

- 4) Support innovative approaches on MHM management with links to climate resilience to inform and to be scaled up at state/national level.
- 5) Support dissemination of the final policy guidelines
- 6) Bring in international experiences and best practices to ensure robustness of the policy

## 6.12 Private companies/Private practitioners/ Professional bodies/Social Entrepreneurs

- 1) Private sector organizations to adopt an active role in awareness campaigns and advocacy efforts in order to reduce the social stigma and taboos surrounding menstruation.
- 2) Private sector companies can allocate a portion of their CSR funds towards menstrual hygiene initiatives, supporting programmes in schools and community not only to provide access to menstrual hygiene products but also awareness and education within marginalized communities
- 3) Private practitioners and professional bodies such as FoGSI,IMA & IAP can provide support in training and capacity-building for effective engagement at state /grassroot level and also for awareness generation at their respective places of work.
- 4) Private medical fraternity to take an active role in increased investment and participation in clinical research, disease surveillance, developing prudent clinical protocols, standard treatment guidelines and promoting health education vis a vis menstruation.
- 5) Private sector companies to support increased investment in research and innovation towards sustainable and costeffective technologies for development of improved products, adaptive and resilient supply chain models and environmentally sound disposal solutions.
- 6) Social entrepreneurs to support in developing innovative, affordable and sustainable menstrual hygiene product options along with innovation in eco- friendly disposal mechanisms
- 7) Medium and small scale enterprises and cooperatives to support in enhanced local manufacturing and standardization of menstrual hygiene products with focus on high and consistent quality.

#### 6.13 Research Institutes and Academic Institutions

- 1) Conducting research and studies to generate evidence on menstrual hygiene practices, challenges, and interventions.
- 2) Providing expert guidance and knowledge in policy development, implementation and evaluation.
- 3) Sharing research findings and recommendations to inform evidence-based decision-making processes.
- 4) Supporting the creation of Master trainers for National and State teams on menstrual hygiene management by updating information and training material
- 5) Informing the Government of any new developments or studies published in the field of MHM to improve Govt programmes

#### 7. INSTITUTIONAL MECHANISM FRAMEWORK

- 7.1 Formation of the National Menstrual Hygiene Committee at the National, State and District Level.
- 1) At National Level- The National Committee will focus on finalizing policy, guidelines and steer the monitoring and review of policy implementation across the country. It will adopt the necessary steps to ensure improved menstrual hygiene outcomes for all menstruators. It will engage with various stakeholders and ensure effective sustained collaboration.
- 2) **At State level-** The State Committee will be responsible for tailoring national policies to suit local contexts, coordinating implementation efforts between stakeholders and monitoring progress within their respective States/UTs.
- 3) **At District Level** The District Committee will be responsible for district level implementation of the policy, conducting awareness campaigns, distribution of menstrual hygiene products and infrastructure development, etc particularly in the hard to reach areas ,to cover the hard to reach and vulnerable population

Adolescents and others who menstruate should be part of the committees at all levels and will inform, suggest and play a critical role in elevating voices of all menstruators across diverse geography, social and cultural groups especially of those with special needs, or those who are marginalized and vulnerable, ensuring effective and thorough implementation of the policy

### 7.2 Manufacturing and Supply Chain

# 7.2.1 Manufacturing

- 1) Quality Assurance: Ensure strict quality control measures in the manufacturing process to produce safe and reliable menstrual hygiene products.
- 2) Ensure adherence to relevant national standards and regulations for the manufacturing of hygiene products.
- 3) Adequate support to ensure quality raw material is made affordable and accessible to manufacturers
- 4) Optimize manufacturing processes to ensure cost-effective production while maintaining quality standards.
- 5) Encourage the adoption of sustainable manufacturing practices, such as the use of proven eco-friendly material and energy-efficient production processes.
- 6) Support research and development initiatives to promote innovation in manufacturing of the newer, safer, cheaper menstrual hygiene products.

#### 7.2.2 Procurement

- 1) Ensure transparent procurement processes, including competitive bidding or open tender to ensure fairness, efficiency and accountability.
- 2) Robust supplier evaluation mechanisms should be in place to select reliable and quality-conscious suppliers. Testing of pilot samples in an NABL accredited facility to assess compliance with selected / BIS quality standards.
- 3) Consider entering into discussions with suppliers to ensure a stable and unabated supply of menstrual hygiene products.
- 4) Procurement processes to employ appropriate quality assurance mechanisms and comply with existing quality standards issued by BIS (quality standard for disposable sanitary pad: IS 5404:2019; quality standard for reusable pad: IS 17514:2021)

5) Training of all stakeholders involved in the supply chain to ensure streamlined menstrual product procurement and distribution processes

#### 7.2.3 Distribution

- 1) Supply Chain Efficiency: Establishing an efficient distribution network in coordination with all linked departments /partners to ensure timely delivery of menstrual hygiene products to various distribution points, such as schools, colleges, health centers, workplaces and community centers.
- 2) Inventory/stock Management: Implementation of efficient inventory management systems to maintain an adequate stock of finished products while minimizing wastage and stock-outs.
- 3) Last-Mile Delivery: Prioritize strategies to reach remote and marginalized populations, including underserved rural areas and urban slums.
- 4) Collaborations and Partnerships: Collaboration with NGOs, community-based organizations, and local distributors to enhance last-mile delivery and reach marginalized populations effectively.
- 5) Monitoring and Evaluation: Establish mechanisms to monitor the distribution process, track product availability and ensure products reach the intended beneficiaries and wastage is avoided.

# 7.2.4 Quality standard setting and safety for menstrual hygiene products

- 1) Development and enforcement of scientifically reviewed comprehensive quality and safety standards for menstrual hygiene products, including disposable sanitary pads, reusable sanitary pads, panty-liners, disposable and reusable tampons, menstrual underwear, menstrual cups, reusable menstrual underwear, maternity products, and menstrual discs. It is essential to ensure that menstrual hygiene products comply with certain minimum scientifically determined standards for both disposable and reusable categories. Standards for reusable sanitary pads are available under Bureau of Indian Standards as (IS 17514:2021)
- 2) Engaging relevant stakeholders, including government agencies, experts, manufacturers and consumer representatives in the development process to ensure inclusivity and expertise.
- 3) Establish a regulatory framework to monitor and certify the safety, efficacy and quality of menstrual hygiene products available in the market.
- 4) Streamline the licensing process for manufacturers of menstrual hygiene products, mandating adherence to the developed quality and safety standards, including labeling requirements and product safety guidelines.
- 5) Conduct regular product testing and inspections to identify and remove substandard or unsafe products from circulation.

#### 7.3 Disposal Mechanism

Menstrual waste could be defined as the by-products or end-products of menstruation and menstrual management. These include items that are used both internally and externally by girls, women and other menstruators. The disposal of these products is influenced not only by the type of product used but also current social and cultural factors. Management and disposal of menstrual waste poses significant challenges, impacting both health and the environment.

- 1) Develop a comprehensive guideline specifically focused on menstrual waste management that covers all aspects, including awareness, education, segregation, disposal and the promotion of sustainable solutions. This guideline should be integrated with existing menstrual hygiene and solid waste management frameworks to ensure effective implementation. (Solid Waste Management Rules, 2016 and by the Central Pollution Control Board)
- 2) Increased investment and innovation to develop effective and sustainable standardized menstrual waste management systems for collection, storage, transportation, treatment and disposal.
- 3) Equip all public spaces with menstrual hygiene waste receptacles/bins.
- 4) Enhancing Public-private partnerships to provide sustainable menstrual waste management solutions.
- 5) Promote comprehensive research on waste volumes, types and effective handling techniques, with a focus on non-biodegradable, special and hazardous wastes, while prioritizing recycling and waste minimization as central elements of waste management strategies across various sectors and segments of the economy.
- 6) Ensure compliance with pollution control norms and emission standards for incinerators.
- 7) Training of all stakeholders involved in menstrual waste handling to ensure minimum risk to their health and well-being
- 8) Raise awareness on menstrual hygiene and sanitary waste disposal through targeted campaigns in schools, communities, and healthcare facilities, involving community-based organizations.

#### 8. STRATEGY FOR VULNERABLE GROUPS AND HUMANITARIAN CRISIS

#### 8.1 Persons with Disabilities (PwD)

Persons with disabilities (PwD) constitute 2.2% of the total Indian population, corresponding to 26.8 million people (Registrar General of India, 2011). PwDs face greater challenges when it comes to good menstrual hygiene, compounded by constraints imposed by limited mobility, cognitive capacities on self-care and the socio-cultural implications of being a menstruator with a disability. The Rights of Persons with Disabilities (RPwD) Act, 2016 highlights the need to address menstrual hygiene among PwDs, recognizing the heterogeneity of needs and experiences of persons with different disabilities. Menstrual Hygiene interventions for PwDs call for nuanced and responsive adaptation of MHM components to meaningfully improve menstrual hygiene outcomes for this heterogeneous group.

Salient areas for action to promote menstrual hygiene of PwDs include:

- Information, Education and Communication (IEC) on menstrual hygiene in accessible formats and languages appropriate for PwDs with differential needs and functioning capacities
- Access to appropriate, easy to use and safe menstrual products catering to different requirements for different disabilities.
- Ensure construction and availability of responsive and inclusive WASH facilities, including disposal solutions in different settings (home, school, place of work, health care institutions) and humanitarian contexts. Adaptation of standards for toilets and MHM facilities to incorporate provisions for disabilities.
- Inclusion and capacity building of caregivers, both family caregivers and institutional carers as participants and partners in disability-focused interventions.
- An enabling socio-cultural environment for safe and dignified menstrual hygiene management.

### 8.2 Humanitarian and emergency crisis

Emergencies deepen existing inequalities and impose a heavier toll on women, girls, and persons identifying beyond the gender binary. Effective management of menstrual health during emergencies calls for the need to integrate MHM across the continuum of emergency response- disaster preparedness, disaster response and recovery. A holistic approach during emergencies must prioritize the following:

- 1. Allocation of adequate funds across sectors for integrated strategic actions to address differential needs during emergencies
- 2. Needs assessment to assess prevailing behaviors and practices in MHM, preferences among target population about menstrual hygiene products and mapping of existing services and MHM activities as part of the crisis response.
- 3. Ensuring the continued supply of essential menstrual hygiene products and menstrual hygiene information during emergencies
- 4. Ensuring the provision of safe, hygienic and functional water sanitation facilities and disposal mechanisms
- 5. Disseminating accurate and scientific information about MHM through awareness generation activities
- 6. Capacity building of all stakeholders including frontline responders and service providers to understand and address menstrual hygiene needs during emergencies .

Being the nodal department for managing emergency situations, National Disaster Management Authority (NDMA) to take a lead role and guide the development of effective MHM inclusive relief strategies, including guidelines and SOPs on managing MHM during emergencies

#### 9. MONITORING FRAMEWORK

### 9.1 Monitoring indicators

Regular monitoring and evaluation play a crucial role in ensuring accountability, promoting learning and driving continuous improvement in menstrual hygiene management. These frameworks shall encompass the vision, goals, objectives and targets set out in this policy in order to maximize accountability among different stakeholders. The National level Committee will develop specific detailed indicators covering areas of access to accurate information, quality menstrual products, infrastructure and facilities for hygiene management, and safe, hygienic environmentally friendly waste disposal. Universal indicators proposed here span all aspects of MHM and are the critical indicators of success. These include:

- Women and girls, men and boys and all others across India discuss menstruation and menstrual hygiene management openly and are well informed about the menstrual cycle and how to manage it with safety and dignity.
- Menstruators can manage their menstruation safely, with privacy, comfort and dignity in public spaces including marketplaces, transport hubs, workplaces, government buildings, educational and other public institutions
- Individual disposal practices, collection and disposal methods of reusable or disposable menstrual material are safe, non-polluting, effective and efficient at the community and the institutional level
- Allocation and utilization of sufficient funds on MHM by relevant Ministries and Departments at National and State levels
- Women, girls, men and boys report satisfaction with the menstrual friendly facilities and information available on menstruation, and monitoring reveals safe, and non-polluting practices

• India develops and institutes an effective, nationwide system to regulate products, their content, safety and use for all menstruators.

### 9.2 Policy review

The Menstrual Hygiene policy may be reviewed to allow for necessary modification and enhancement in order to address identified gaps in policy implementation as well as to take note of the emerging needs and priorities of adolescent girls, women and other menstruators for a better reproductive and menstrual hygiene outcome. The review process shall involve medium and end term review of the strategy by stakeholders at the National and State levels. The National Menstrual Hygiene Committee shall provide the guidelines and specify the procedures for reviewing the policy.

#### 10. COMMUNICATION FRAMEWORK

In order to demystify menstruation, break taboos, misconceptions, stigma and ensure sustainable access to knowledge and information, it is essential for National and State governments and all the other stakeholders to implement a comprehensive menstrual hygiene communication strategy. This strategy should focus on providing girls, women, and all who menstruate, as well as their families with information about the biological significance of menstruation, ensuring access to menstrual products, safe toilets, private spaces, while also eliminating socio-cultural and mobility-related restrictions. Key considerations while preparing the communication strategies include addressing specific needs, using inclusive language, promoting behavior change, leveraging diverse communication channels, and engaging with stakeholders at various levels to create an enabling environment for open discussions and awareness about menstrual hygiene.

### 10.1 Key target groups

**Primary target groups** are the young and adolescent girls, trans and non-binary menstruators, mothers, peers and other older women in the family, as they are the key influencers and decision makers in the primary target group's lives.

**Secondary target groups** are boys, men, teachers, frontline health workers (like ASHAs, AWW, ANMs and sanitary workers) PRIs, self-help-group members and other members in the community, key national/state/district level officials (within all linked departments),NHM staff, medical practitioners etc.

**Tertiary target groups** are the key political leaders, socio-political influencers, informal networks, religious groups, neighborhood groups, trade unions and mass media; people who play an important role in creating an enabling environment for discussions and fund allocation for menstruation.

## 10.2 Key Action

- 1) Develop comprehensive communication guidelines on menstrual hygiene management, encompassing the usage of menstrual products, their disposal and personal hygiene practices
- 2) Develop clear, concise, and culturally appropriate messaging that addresses the specific needs and concerns of target groups, using inclusive language to avoid stigmatizing menstruating individuals.
- 3) Ensure apt information, education, and messaging on menstrual health by providing accurate and reliable information, designing culturally sensitive and age-appropriate educational materials and deliver consistent messaging to address misconceptions and promote healthy practices
- 4) Utilize a multi-channel approach, including print media (brochures, posters, flyers), digital media (social media, mobile applications, websites) and traditional broadcast media (TV, radio, newspapers) to reach a wider audience while integrating public figures and leveraging support from influencers.
- 5) Implement Social and Behavior Change Communication (SBCC) activities, utilizing behavior change models and strategies to promote positive attitudes and behaviors towards menstrual hygiene, while fostering open discussions and creating safe spaces for dialogue and sharing of experiences.
- 6) Use evidence-based information to dispel myths and promote accurate understanding. Address the myths and misconceptions surrounding menstruation through targeted campaigns, involving local influencers, community leaders, and healthcare professionals to challenge and correct misinformation, while providing evidence-based information to promote accurate understanding.
- 7) Integrate menstrual hygiene by collaborating with relevant departments (Education, WCD, Sanitation etc) to include menstrual hygiene communication strategies in their policies and programmes, promoting cross-departmental coordination, and incorporating menstrual hygiene in the curriculum of schools and educational institutions.
- 8) Community engagement is vital for promoting menstrual health, achieved through organizing workshops, seminars, and awareness campaigns to provide comprehensive knowledge on menstrual hygiene, encouraging participation from all community members including men, boys, parents and religious leaders, and involving local organizations, women's groups and community influencers in designing and implementing communication initiatives
- 9) Implement a robust monitoring and evaluation system to assess the reach, effectiveness and impact of communication activities, collecting data on knowledge, attitudes, and practices related to menstrual hygiene, and conducting regular evaluations to identify areas for improvement and make necessary adjustments to the communication strategy.

#### References

- National Health Policy, 2017. Ministry of Health and Family Welfare, Government of India.
- National Education Policy, 2020. Ministry of Human Resource Development, Government of India
- Draft Sanitary Dignity Policy Framework, 2017. Department: Women, Republic of South Africa
- National Menstrual Hygiene Management Strategy 2021. Local Government Division, Ministry of Local Government, Rural Development and Co-operatives, Government of People's Republic of Bangladesh
- Menstrual Hygiene Management Policy 2019-30. Ministry of Health, Government of Kenya
- Draft Odisha menstrual health and hygiene Policy,2022. PHFI-IIPHB in collaboration with UNICEF and Govt. of Odisha
- Menstrual Hygiene Management National Guidelines, 2015. Ministry of Drinking Water and Sanitation Government of India
- Landscape of Menstrual products in India, 2021. UNFPA and WaterAid
- International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS
- International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21
- A Communication framework Menstrual Management, 2015, UNICEF
- Menstrual Hygiene Management in Emergencies, UNFPA
- Menstrual Health and Hygiene Management for Persons with Disability; Insights and Good Practices from India,
   2022. UNFPA and WaterAid
- Lotter, Stefanie & Parker, Sara & Standing, Kay & Khanal, Neeti & Subedi, Madhusudan. (2022). Menstrual Policy and Practice in Nepal: Insights from Dignity Without Danger Menstruation Research Network Menstruation: Policy, Rights and the Law Presentation Outline.
- Biomedical Waste Management Rules, 2016
- Solid Waste Management Rules, 2016
- Guidelines for Management of Sanitary Waste, As per Solid Waste Management Rules, 2016, Central Pollution Control Board, Ministry of Environment, Forest & Climate Change
- Product Manual for Sanitary Napkins according TO IS 5405:2019, Bureau of Indian Standards, September, 2020.
- Strengthening the Supply Chain of menstrual hygiene products in India. December 2021, UNFPA and WaterAid
- Operational Guidelines on School Health Programme under Ayushman Bharat. April, 2018. Ministry of Health
   & Family Welfare and Ministry of Human Resource & Development, Government of India
- Operational Framework for Rashtriya Kishor Swasthya Karyakram. January, 2014. Ministry of Health & Family Welfare, Government of India

List of Contributors

# Annexures

Annexure 1- Menstrual Hygiene Programme by various Ministries

| MoWCD  | МоЕ  | MoJS  | MoHFW   | Ministry for<br>Tribal<br>Development   | Ministry<br>Panchayati Raj  | Ministry of Youth<br>Affairs and Sports  |
|--|--|---|---|---|---|--|
| Bacho Beti<br>ao (BBBP)  | Swachh<br>Vidyalaya<br>component under<br>Samagra Shiksha<br>(SVP)<br>SHWP   | Swachh Bharat<br>Mission<br>Gramin  | RKSK<br>SHWP  | Embedded with schemes   | Livelihood<br>Scheme  | Embedded within schemes  |
| Training of Anganwadi Workers and/or supervisors and workers across States and UTs to conduct sessions on MHM for out of school adolescent girls | Training of Nodal teachers on MHM under Swachh Vidyalaya program in day schools and residential schools for girls like Kasturba Gandhi Balika Vidyalaya's GBVs | MHM promotional activities  | Counseling<br>of<br>adolescent<br>girls on<br>puberty and<br>MHM  | Training of teachers and residential staff in residential schools for tribal children named Ashram schools, Eklavya schools | Empowering Self<br>help groups to set<br>up and produce<br>sanitary pads.<br>Including funding<br>support as well.              | Provision of separate and functional toilets and access to sanitary pads for female sportspersons in institutions supported by the MoYAS |
| Training of out of school girls by AWWs and Supervisors  | Access to<br>absorbents at the<br>school level and<br>teaching to make<br>absorbents for<br>self-use in<br>schools and<br>KGBVS                                | Separate toilets<br>for women and<br>girls at home<br>for safely<br>managing<br>menstruation      | Educational sessions with school going girls and boys by the medical teams of RBSK visiting the schools | Awareness<br>generation<br>activities<br>with girls and<br>boys in<br>Ashram<br>schools,<br>Eklavya<br>schools              | Production of SNs<br>at the village level<br>by SHG run units;<br>marketing and<br>demand<br>generation of SNs                  |  |
|  | Separate,<br>functional school<br>toilets for girls<br>with safe disposal<br>of used pads<br>supporting MHM  | Awareness<br>generation for<br>out of<br>school girls on<br>MHM through<br>women<br>Swachhagrahis | The Adolescent Girls Anaemia Control Programme: Counselling and support to adolescent                   | Regular<br>supply of<br>sanitary<br>napkins in<br>Ashram<br>schools,<br>Eklavya<br>schools and<br>other<br>institutions     | MHM awareness<br>among women<br>and mothers who<br>attend the<br>meetings of<br>SHGs and Village<br>Organizations<br>under NRLM | Involvement of the Nehru Yuva Kendras and Bharat scouts and guides in the MHM awareness initiatives                                      |

| Shelter Homes, observation homes of children in conflict with law: MHM promotional activities and supply of sanitary napkins, disposal mechanisms established: trained staff: WASH related facilities supporting MHM MHM | Sensitization of School Management Committees (SMCs) to enable gender sensitive decisions to help girls in coping with puberty and menstruation. | Provision of funding for IEC and training | girls on how to improve their diets; weekly iron and folic acid supplementa tion for out of school girls through ICDS and school girls within educational institutions  MHM promotional activities in the community: distribution and supply of sanitary napkins disposal mechanisms established: training of ASHA workers | Disposal mechanisms established  WASH      | Funding allocation under the Finance commission for Gram Panchayats for setting up solid waste disposal mechanisms in Gram Panchayats which include a component on Menstrual Waste management (MHM) |  |
|--|--|---|--|--|---|--|
| awareness<br>among women<br>and mothers/<br>caregivers for<br>adolescent<br>girls  |  |   |  | related<br>facilities<br>supporting<br>MHM |   |  |

| Adolescent      | School Health   | 1   | 1   | 1                                       | I   | 1 | I |
|-----------------|-----------------|-----|-----|---|-----|---|---|
| Resource        | and Wellness    | ļ   | ( J | , | 1   | 1 | 1 |
| Centers under   |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 |                 | ļ   | ( J | , | 1   | 1 | 1 |
| anaemia         | Initiative      | ļ   | ( J | , | 1   | 1 | 1 |
| Control         | Program under   | ļ   | ( J | , | 1   | 1 | 1 |
| Programme:      | which MHM is    | ļ   | ( J | , | 1   | 1 | 1 |
|                 | also addressed  | ļ   | ( J | , | 1   | 1 | 1 |
|                 | and adolescents | ļ   | ( J | , | 1   | 1 | 1 |
|                 | are enabled to  | ļ   | ( J | , | 1   | 1 | 1 |
|                 | safely manage   | ļ   | ( J | , | 1   | 1 | 1 |
|                 | their           | ļ   | ( J | , | 1   | 1 | 1 |
|                 | menstruation.   | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | illensu uanon.  | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 | 1               | , , | ı J | , | ( ) | 1 | 1 |
|                 | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
|                 | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
|                 | Ţ               | , I | ( ) | , | ( ) | 1 | 1 |
|                 | Ţ               | , J | ( ) | , | ( ) | 1 | 1 |
|                 | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
|                 | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
|                 | Ţ               | , J | ( ) | , | ( ) | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| Counselling of  | .               | , J | ( ) | , '                                     | 1   | 1 | 1 |
| the adolescent  | .               | , J | ( ) | , '                                     | 1   | 1 | 1 |
| girls on        |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| puberty &       |                 | ļ   | ( J | , | 1   | 1 | 1 |
| MHM.:           | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
|                 |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| Counselling     | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
| and support to  | Ţ               | ļ   | ( J | , | 1   | 1 | 1 |
| adolescent      | Ţ               | , I | ( ) | , ,                                     | 1   | 1 | 1 |
| girls on how to | .1              | , J | ( ) | , | ( ) | 1 | 1 |
| improve their   | •               | , J | ( ) | , | ( ) | 1 | 1 |
| diets; weekly   | Ţ               | , I | ( ) | , | ( ) | 1 | 1 |
| iron and folic  | .               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
| acid            | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
|                 | 1               | , I | ( J | , , ,                                   | ( ) | 1 | 1 |
| supplementati   |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| on for out of   |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| school girls    |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| through ICDS    |                 | , J | ( ) | , '                                     | 1   | 1 | 1 |
| and school      | .   1           | ,   | 1   | ,                                       | 1 ' | 1 | 1 |
| i and school    | ` I             | `   | 1   |   | •   |   | - |

| girls within             |  | İ | [ |  |
|--------------------------|--|---|---|--|
| girls within educational |  |   |   |  |
| institutions             |  |   |   |  |
| institutions             |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   |   |  |
|                          |  |   | 1 |  |